

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 57707/

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		①		1		
5		②		1		
6		③		1		
7		④		1		
8		⑤		1		
9		⑥		1		
10		⑦		1		
11		⑧		1		
12		⑨		1		
13		⑩		1		
14		⑪		1		
15		⑫		1		
16		⑬		1		
17		⑭		1		
18		⑮		1		
19		⑯		1		
20		⑰		1		
21		⑱		1		
22		⑲		1		
23		⑳		1		
24	1		1			
25	1		1			
26	1		1			
27		1		1		
28		1		1		
29		1		1		
30	1		1			
31		1		1		
32		1		1		
33		2		1		
34		①		1		
35		②		1		
36		③		1		
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50						
TOTAL IND.	5	↓	5	↓		↓
TOTAL DEP.	33	←	31	←		←
TOTAL CLAIMS	38		36			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						